action should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state H-VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

Z

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03064
1. PLACE OF DEATH	—— (43-c) 191
County County	Registration Dist. No.
Village Dr City Collected Cells of Six	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	70
2. FULL NAME forence 6. Bu	au
(a) Residence: No. Culumbia Road.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. CPLOR OR RACE 5. SINGLE, WARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Taluale Muly OR DIVORCED (write the word)	21. DATE OF DEATH May. Z6, 193 5 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended daceased from
C DATE OF BIRTH (2004) 4 1856	, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h_2 aliva on
7 / / / / / d l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, House Work SAWYER, BDDKKEPER, atc.	were as follows: Pate of onset m 22/2v
9. Industry or business in which	
work was dona, as SILK MILL, WWW Jornel 1D. Data daceased last worked at this occupation (month and the continuation) 11. Total time (wastra) and the continuation (month and the continuation)	
D. Data daceased last worked at this occupetion (month and syear)	
12. BIRTHPLACE (city or town) All assured	Other Contributory Causes of importance:
13. NAME Welleau Brian 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Mary land.	Nama of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Jane Benoy	23. If daath wes dua to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Mary Jace Belloy 16. BIRTHPLACE (city or town) (State or country) Mary Jace Belloy	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mr. Mary Sauther (Address) Elligate Color	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CLIU. Date Marias, 19.35	Mennar of injury
19. UNDERTAKER & aston & ous (Address) Ollicate Cela	24. Was disease or injury In any way ralated to occupation of dacaasad?
20. FILED 3/28 , 19 35 WH Fissell Registrat.	(Signad) - re- L D Muller M. D. (Address) Eller Ct my
Kegurrar.	(Acutess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03065	
1. PLACE OF DEATH	8-0 1914	
County Howard	Registration Dist. No.	
Village or City Clarpsville ma	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)	rd
Length of residence in city or town where death occurred	24 ds. How long in U.S. If of foreign birth?yrsmosd	ls.
2. FULL NAME William Welling	of le hart.	
(a) Residence: No. Clashwelle (Usual place of abode)	Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word) Manuel	21. DATE OF DEATH MUNCH (Month) (Day) (Yeer)	- ~
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Quisa elglehart	22 I HEREBY CERTIFY. That I attended deceased from 1933, to March 10 ,19 2	-
6. DATE OF BIRTH (month, day, and year) 3-17- 1864	I last saw ham alive on march 9 , 19.35; death is sa	ald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
70 11 24 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I had ble wars fine a c	
9. Industry or business in which	Terrora Manual and 19	12/
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and 1931 spant in this occupation occupation		
12. BIRTHPLACE (city or town) Haward Carry (State or country)	Other Contributory Causes of importance:	
13. NAME WW Welling ilglehart	Mich frumonia	13
14. BIRTHPLACE (city or town) (State or country) Thangland	Name of operation Date of What test confirmed diagnosis? Climal Was there an autopsy? It	(4)
15. MAIDEN NAME Mary V. Harding	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town) (Stete or country) Marsland	Accident, sulcide, or homicide? Date of injury, 19	
17. INFORMANT M- stone of Islahart	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Note Zione Cemetry Date 3-13, 135	Manner of injury	
19. UNDERTAKER J.C. Niguet others (Address) Ellerott Cotter Carde a	24. Was disease or Injury in any way related to occupation of deceased?	
20, FILED March 13935 S. M. Michaela. Registrar.	Paleton Jahdu	D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR	July 5,1927	Peritonitis	3 days ago
a verti v. s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ITH UNFADING INK-THI	illy supplied. AGE should be	plain terms, so that it may be	. See instructions on back of
WITH UNFADING INK-THI	efully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of
Y, WITH UNFADING INK-THI	carefully supplied. AGE should be	H in plain terms, so that it may be	ortant. See instructions on back of
VLY, WITH UNFADING INK-THI	e carefully supplied. AGE should be	ATH in plain terms, so that it may be	nportant. See instructions on back of
ALALY, WITH UNFADING INK-THI	d be carefully supplied. AGE should be	OEATH in plain terms, so that it may be	important. See instructions on back of
PLAINLY, WITH UNFADING INK-THI	ould be carefully supplied. AGE should be	F DEATH in plain terms, so that it may be	ery important. See instructions on back of
TE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	In should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	I is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 03066
1. PLACE OF DEATH	82-0)
County 19mgs d	Registration Dist. No.
Village or City Ul Willsmilk	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred the hopping of hashbadon, give his translation, giv
2. FULL NAME Juman Jonson	
(a) Residence: No. Clarks Italia 22	Last. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
or Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) Sept 12 1893	I last saw ham aliva on Mus 2 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at b
42 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Tarm labour	Cereberal Hemorrhage 2 house
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
1D. Date dacaased last worked at this occupation (month and 3/2 3/33 11. Total time (yeers) spent in this occupation duple.	
12. BIRTHPLACE (city or town) My	Dither Contributory Canses of Importance:
(Steta or country)	- July
II 13. NAME (lifted Junson	
13. NAME (lefted Jenson) 14. BIRTHPLACE (city of town) Md	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Clerabeth Moles 16. BIRTHPLACE (city or town)) MA	23. If daath was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?
5./	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT AND	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place No Policins Chakel Date Max 2 7,1934	Manner of injury
500	Nature of injury
19. UNDERTAKER Address)	24. Wes disaase or injury In any way raleted to occupation of deceased?
20. FILED MUS 25, 1933 & Charles	(Signad) A A Sachard M. O.
Registrar.	(Address) Classes Mul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

STATE OF MARYLAND	CERTIFICATE OF DEATH 03067
1. PLACE OF DEATH	(48)
County Ihrvard Co.	Registration Dist. No. 195
Village or City hear havel Mid	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Janea G. Michals	you
(a) Residence: No. Men Haun, Mid	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR-RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winth word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamuel Mulpholaru	22. HEREBY CERTIFY, That I attended deceased from 1933, to 3/(1935)
6. DATE OF BIRTH (month, day, and year) (July 11, 1875	I last saw h 12 alive on 3//6 1955; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
59 8 -5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma Cerry Date of onset
9. Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Manyland (Stete or country)	Other Contributory Causes of importance:
13, NAME UNBuren	Dililation \$14/35
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Jarafo Welhamo	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Sanguel Melsolson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placed alow City a. l. Cote Men 19, 1935	Nature of Injury
19. UNDERTAKER DE Still prighten	24. Wes disease or injury In any way related to occupation of deceased? 24.0
20, FILED 3/18/3519 Frank Shilley Registrary	(Signed) B Way M. D. (Address) Secretary M. D.

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LOR G Thom			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	PHYSICIAN
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B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER nation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.	
on s SE SE	
WR EAU FION	
MENTIE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANG SKOULD State AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

STATE OF MADVI AND	CERTIFICATE OF DEATH 112068
1. PLACE OF DEATH	00000
County I formald	Registration Dist. No. 190
Village or City Deleter	No. St. Ward
(If Length of residence in city or town where death occurred 3.4 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James Patrick (ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Alches Tel 14a	strato Manala
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 14 103 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
2	11-25 - 1984,0 3-14-1985
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Deys If LESS than	I lest saw h
67 7 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8 Trade profession or particular	Thomas Marandial Carline Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Brushed preming 3-12
work was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month end 3 / / 32 II. Total time (years) spent in this	Overtion: several years.
year) occupetion occupetion	Other Contributory Caness of importance:
12. BIRTHPLACE (city or town) 111: Landsup Go (State or country)	Hy puteusin
X 12 MANT OR OR OR OR OR	Demantegia
Trat 11	
(State or country) Many land	Name of operation Date of
15. MAIDEN NAME Mary Ray	23. If deeth was due to external ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mit Longlery co	Accident, suicide, or homicide?
(State or country) Many land,	Where did Injury occur? (Specify city or town, county and State)
(7. INFORMANT AND HOMES DE DAMMEL)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hew ather bete 1/100.10,1933	Nature of Injury
19. UNDERTAKER Easton Some (Address) Elizabe City Md.	24. Wes disease or Injury in any way related to occupation of decessed?
20. FILED Mar 171935 Mis & Bird W. Registral	(Address) Cland Of Man
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

per ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

N. B

STATE OF	MARYLAND—CERTIFICATE OF DEATH	03069
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1. PLACE OF DEATH	
County Howard.	Registration Dist. No. 190
Village or City Tlakester	No. St Ward
Langth of residence In city or town where dasth occurred 70 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME antimotto & Pince	Pol
(a) Residence: No. I chester	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word)	21. DATE OF DEATH Mar 13 193 5
5a. If married, widowad, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, sphootsile 2 4. Unterous	I lest sew h alive on 19 death is seld
7. AGE Pears Months Days If LESS than	to have occurred on the date stated above, at
Cloud 701 - 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Book author SAWYER, BOOKKEPER, etc	Jacob of the state
A 9 Industry or business in which	Magon Sin. Degree
work was done, as SILK MILL, SAW MILL, BANK, etc	Busu-
Spentin (iiis //	
year) occupation 4 Mass	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) State or country)	Home Burney
- The contract of the contract	Now
13. NAME (Ugustus Vierdelle 14. BIRTHPLACE (city or town)	Name of operation Deta of
(State of copin(ry)	Name of operation Deta of Was there an autopsy? HGS
15. MAIDEN NAME L Ceroleire milte	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) War day	Accident, suicide, or homicide? Lelielle Date of Injury 21, 19. 35
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT All for the All Agrical (Address) Old for all for the Amond III	Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Whis Cou. Date Wall 1935	Mannar of injury Burned to Cust
19. UNDERTAKER CLUSTON Sovs (Addrass) Ellipse Cl	24. Was disease or injury In eny way ralated to occupation of daceased?
20. FILED March 14, 1935 Mise & Kaid Will	(Signad) Nelson O' Lilly acting Chand,
Alginar.	The state of the s

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state

Exact statement of OCCUPA-PHYSICIANS should

stated EXACTLY.

AGE should be

certificate.

90 back

See instructions on

TION is very important.

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	070
	County	Registration Dist. No. 194	-
	Village or City	No. St.	Ward
		death occurred in a horpital nr institution, give its NAME instead of street and nuds. How long in U.S. If of foreign birth?yrsmos	
	FULL NAME Roland Lester Simpson	in the state of th	
	(a) Residence: No. Day Lon	St Ward.	
(passille)	(Usual place of abode)	If nonresident give city or town and S	iate
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Murch 12 (Month) (Day)	193 5 (Year)
58.	If married, widowed, or divorced HUSBAND of (or) WIFE of Emma & Surgeson	22. I HEREBY CERTIFY, That I attended d See 17. 1934 to march 17	eceased from
6.	DATE OF BIRTH (month, day, and year) 9-3-1886	I last saw h un alive on much 16 ,19 35;	
7.	AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the dete stated above, at _1.'3.017.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
N	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer		Date of enset
URAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	type of Sarcona	1933
00	10. Date deceased last worked at this occupation (month end 11/3 4/ spant in this occupation occupation		
12.	BIRTHPLACE (city or town)	Other Contributory Causes of Importance: My fas Lanes - General	12-28-34
FATHER	13. NAME Henry Hamilton Sunpson	primara primaria missiana	2:/2:35
FAT	14. BIRTHPLACE (city or town) (State or country) Much	Name of operation hone Date of	
ER	15. MAIDEN NAME GULLE U. To hus and	What test confirmed diagnosis? Additional Westhere an au 23. If death was due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or town)————————————————————————————————————	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT Mrs. Roland L. Suysson (Address) Danton med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place wither May 1938	Neture of injury	
19.	(Address) They whathous me)	24. Was disease or Injury In any way releted to occupation of deceased?	
20.	FILED Mus 17, 1965 Sa Declub Registrar.	(Signed) PNN Sprate Mg (Address) Claubsville Mg)M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OUDPALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	N		1

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	———— S
County Amaid	Registration Dist_No. 19 Q
Village or City Mayfuld	ND. Ancial fall of the NAME instead of street and number)
Length of residence in city or them where death occurredyrsmo	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME lelverda stipel	· · · · · · · · · · · · · · · · · · ·
/ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Colbort Stancy	22. I HEREBY CERTIFY, That I attended deceased from
1981 - 71	, 132, 132, 132
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS than	I last saw have alive on Mure 1, 193 , death is said to have occurred on the date stated above, at 2 30 Pm.
7 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	were as follows: Date of opport 1932
3. Industry or business In which	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupetion (month and years) span it in this occupetion (month and year)	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E Sal	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
E ma	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
South Addin	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of 1-1
Place Sorth Shippards Date Mar 12 , 1930	Menner of injury
19. UNDERTAKER Caston Says	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mars 10, 1985 alico & Hout.	(Signed) S. U. M. Chalia. M. D.
Registrar.	(Address) (AVAIIII) MA., 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1	MARGIN RESERVED FOR BINDING
N. BWRITE PLANTY, W	N. BWRITE PLANIY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be caref	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very importan	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Registration Dist. No. 195
Village or City Savage	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME UURUM	
(a) Residence: No. Uulsuum (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (agric the word)	21. DATE OF DEATH Month (Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Probably-3/4/25.	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
7. AGE Years Months Days If LESS than 1 day hrs. or Dr. min.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wera as follows: Oste of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	President Born
9. Industry or business in which	dead.
work was done, as SILK MILL, SAW MILL, BANK, etc	4. B: Body found on sed?
O Oate deceased last worked at this occupation (month and spent in this	1 Pullie Rd.
yaar) octupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
Ε	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Oate of
	What tast confirmed diagnosis? Was thera an aulopsy?
Ī =	23. If death was due to external gausas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
H 11. 27 00 0 P	(Specify city or town, county and State)
17. INFORMANT (Address) Savage, tud	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Probably an abouture.
Place Davoge Com. Date 3/1-1/31, 19	Nature of injury V hlowown -
19. UNDERTAKER L. Edwin Carr, acting.	24. Was diseasa or Injury In any way related to occupation of deceased?
(Address) / Lesul. Lud.	If so, specify
20. FILEO 3 /15/25, 19 Manholifley	(Signed) Shankthiftey M. O.
Registrar.	(Address)

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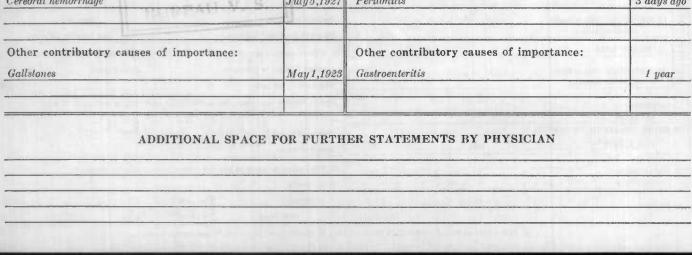
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Other contributory causes of importance:	1 1000	Other contributory causes of importance: Gastroenteritis	
Gaustones	May 1,1923	(idstroenter it is	1 year



Registrar.

1. PLACE OF DEA

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. _____mos.____ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEAT CERTAIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset What test confirmed diagnosis?_____ Was there an autopsy?. 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

20. FILED 1

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			//ETHILE

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN